DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: PIONEER COURT (110561)

Address: 2122 PIONEER DR, BELOIT, WI 53511

License Status: REGULAR

Licensed/Certified/Registered 04/01/1997

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History	v	tor	ist	H	vev	Sur	
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Survey ID: 0095434 End Date: 08/29/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093372 End Date: 09/16/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008049 Served 09/27/2004

Deficiencies Cited Subject Area <u>Compliance</u>

Verified

Deficiencies CitedSubject AreaVerifiedCorrected83.33(2)(h)1MEDICAL SERVICES08/29/2005Yes

Survey ID: 0090883 End Date: 08/20/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007847 Served 08/28/2003

		Compliance		
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected	
83.16(4)(a)	ABILITY TO PAY	09/16/2004	Yes	
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	09/16/2004	Yes	
83.42(3)(e)	QUARTERLY FIRE DRILLS	09/16/2004	Yes	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	09/16/2004	Yes	

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 09/24/2004

SOD #10008049

Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

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10008049

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 08/12/2004 Date Investigation Completed: 09/21/2004

Subject Area(s) Result SOD #

NUTRITION & FOOD SERVICES NOT SUBSTANTIATED MEDICATIONS SUBSTANTIATED

PROGRAM SERVICES NOT SUBSTANTIATED

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